								l l	Application or Docket Number					
	PATENT	RD												
Effective October 1, 2003									1101717,541					
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY			
TC	TAL CLAIMS	6						RATE	FEE	1	RATE	FEE		
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FE	E 385.00	OR	BASIC FEE	770.00		
TOTAL CHARGEABLE CLAIMS			minus 20=		· &			X\$ 9=		OR	X\$18=			
INDEPENDENT CLAIMS			minus 3 =		·/o			X43=		OR	X86=			
MULTIPLE DEPENDENT CLAIM PI			RESENT /				٠	+145=		OR	+290=			
* If	the difference	in column 1 is	ess than zero, enter "0" in column 2				. !	TOTAL		OR	TOTAL	770		
5 24 05 (Column 1) (Column 2) (Column 3)						(Column 3)		SMALL	ENTITY	OR	OTHER SMALL I			
AMENDMENTA	. 1 (9)	(Column 1) CLAIMS REMAINING AFTER AMENDMENT	·	HIGH NUMI PREVIO	EST BER DUSLY	PRESENT EXTRA	·	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE		
	Total	. 1	Minus	# Z	0	=	 	X\$ 9=		OR	X\$18=			
	Independent	• /	Minus	***	3	-	-	X43=		OR	X86=	·		
	FIRST PRESE	NTATION OF MU	JLTIPLE DEF	PENDENT	CLAIM			+145=		OR	+290=	, ,		
	1,							TOTAL		OR.	TOTAL ADDIT. FEE			
	(Column 1) (Column 2) (Column 3)							ADDIT. FEE			AUUII. FEE			
		(Column 1) CLAIMS	r	HIGH	EST"		1 1		ADDI-	1		ADDI-		
AMENDMENT B		REMAINING AFTER AMENDMENT		NUMI PREVIO PAID	DUŞLY	PRESENT		RATE	TIONAL FEE		RATE	TIONAL FEE		
	Total ·	*	Minus	**		=		X\$ 9=		OR	X\$18=			
	Independent	*	Minus	***		= .]]	X43=		OR	X86=			
٩	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+145=		٠.	+290=			
								TOTAL		OR	TOTAL			
							•	ADDIT. FEE		OR	ADDIT. FEE			
<u>:</u>		(Column 1)		(Colur		(Column 3)	1 -	·						
ENT C		CLAIMS REMAINING AFTER AMENDMENT		NUMI PREVIO PAID	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE		
AMENDMENT C	Total	•	Minus	常常		=		X\$ 9=		OR	X\$18=			
	Ind p ndent	*	Minus .	***		=].	X43=			X86=			
ď	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM]			OR				
											+290=			
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ** ADDIT. FEE											÷			
-	If the "Highest Nu	mber Previously Painber Previously Pain	aid For IN THI	S SPACE I	s less tha	n 3. enter "3."								
			,	,		-		,	٠.		•			